

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**30538**

State File No. ....

**FILED SEP 22 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 344

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Jackson</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Raytown, Rural</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Jackson</u>
c. LENGTH OF STAY (in this place) <u>3 weeks</u>	d. FULL NAME OF HOSPITAL OR INSTITUTION <u>37th Terrace and Brookside</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Raytown, Rural, Brookside</u>	d. STREET ADDRESS (If rural, give location) <u>37th Terrace and Brookside</u>

<b>3. NAME OF DECEASED</b>		<b>4. DATE OF DEATH</b>	
a. (First) <u>Clara</u>	b. (Middle) <u>Etta</u>	c. (Last) <u>RICHARDSON</u>	(Month) (Day) (Year) <u>September 15, 1951</u>
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>April 29, 1884</u>
<b>9. AGE</b> (In years last birthday) <u>67</u>		<b>10. AGE</b> (In years last birthday) <u>67</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>At home</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Housewife</u>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Chautauqua Co., Kansas</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	

<b>13a. FATHER'S NAME</b> <u>Amos Rathbun</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary W. ---</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>?</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>513-07-2930</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Mary Myrick</u>	<b>18. ADDRESS</b> <u>37th Terr &amp; Brookside, Raytown</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <u>Carcinomatosis</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 year?</u>
	<b>ANTECEDENT CAUSES</b> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> <u>Pneumonia, dehydration, uremia</u>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** 9-10, 1951, to 9-15, 1951, that I last saw the deceased alive on 9-10, 1951, and that death occurred at 1 A m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Jack M Davis M.D.</u>	<b>23b. ADDRESS</b> <u>0 Raytown, Mo</u>	<b>23c. DATE SIGNED</b> <u>9-15-51</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>	<b>24b. DATE</b> <u>9-16-51</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>unknown</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Topeka, Kansas</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Melody-McGilley-Eylar</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>9-15-51</u>	<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	<b>ADDRESS</b> <u>Kansas City, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 19 RECD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed, \_\_\_\_\_

Licensed Embalmer No. 4063

P. O. Address, Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.